

**Ohio Small Government Capital Improvements Program  
Disbursement Request Form and Certification**

**Disbursement Request Number:** \_\_\_\_\_

Statement requesting the disbursement of funds from the Ohio Small Government Capital Improvements Program(OSGCIP) pursuant to Section V of the Project Agreement(the "Agreement") executed between the Administrator of the OSGCIP(the "Administrator") and Village of Ashville, Pickaway County (the "Recipient"), dated 07/01/2019, for the sole and express purpose of financing the Capital Improvement Project defined and described in Appendix A of the Agreement(the "Project") and named and numbered as **CT46W/CQ49W**.

<b>EXPENDITURES PROGRESS:</b>	(1) AS PER AGREEMENT	(2) PRIOR DISBURSED	(3) AS PART OF THIS DRAW	(4) PAID TO DATE (Column 2 + 3)
A) Engineering	\$136,765.00	\$ _____	\$ _____	\$ _____
B) Right-ofWay	\$0.00	\$ _____	\$ _____	\$ _____
C) Construction	\$1,366,865.00	\$ _____	\$ _____	\$ _____
D) Materials Purchased Directly	\$0.00	\$ _____	\$ _____	\$ _____
E) Permits, Advertising, Legal	\$0.00	\$ _____	\$ _____	\$ _____
F) Construction Contingencies	\$136,687.00	\$ _____	\$ _____	\$ _____
G) Total Expenditures	\$1,640,317.00	\$ _____	\$ _____	\$ _____

<b>FINANCING PROGRESS:</b>	(1) AS PER AGREEMENT	(2) PRIOR DISBURSED	(3) AS PART OF THIS DRAW	(4) PAID TO DATE (Column 2 + 3)
H) OPWC Funds	1,010,037	\$ _____	\$ _____	\$ _____
I) Local Share				
1) In-kind Contributions	\$37,040.00	\$ _____	\$ _____	\$ _____
2) Public Revenues	\$55,440.00	\$ _____	\$ _____	\$ _____
J) Other Revenue				
1) ODOT/FHWA	\$498,000.00	\$ _____	\$ _____	\$ _____
2) OEPA/OWDA	\$0.00	\$ _____	\$ _____	\$ _____
3) CDBG	\$39,800.00	\$ _____	\$ _____	\$ _____
4) USDA	\$0.00	\$ _____	\$ _____	\$ _____
5) Other	\$0.00	\$ _____	\$ _____	\$ _____
K) Total Local and Other Revenue	\$630,280.00	\$ _____	\$ _____	\$ _____
L) Total Financing (H+K)	\$1,640,317.00	\$ _____	\$ _____	\$ _____

[NOTE: Column totals for Line L must be equal to the column totals for Line G.]

Subdivision Name: Village of Ashville  
Project Name: State Route 316 Improvements  
OSGCIP Control No.: CT46W/CQ49W

Disbursement Form - Page 2  
Disbursement Request # \_\_\_\_\_

**If this is a final request (to be marked on top of page 3) or if this disbursement uses the remainder of your assistance, your Project file will be closed upon processing this request. As described in Appendix B of the Project Agreement, your minimum Percentage Contribution is 38% of the total Project cost.**

-----  
**AUTHORIZED CERTIFICATIONS**

*Changes to Project officials must be submitted in writing.*

**PROJECT MANAGER CERTIFICATION:**

I hereby certify that the work items invoiced and included herein are exclusively associated with the Project, have been completed in a satisfactory manner, and are otherwise in accord with the terms and conditions of the Agreement. This request reflects Project completion at an estimated \_\_\_\_\_%.

I certify that the information under this Disbursement Request Form and Certification is true and accurate, and that the work has been completed in accordance with the terms of the Agreement, including payment of the applicable prevailing wage rates. By signing below, I certify that the material suppliers, contractors and subcontractors have been paid in full for work performed and materials supplied pursuant to this Request.

\_\_\_\_\_  
Christopher M. Tebbe, Professional Engineer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER CERTIFICATION:**

Pursuant to Section V. B. and V. C. of the Agreement, the undersigned Chief Executive Officer and Chief Fiscal Officer, as both are designated in Appendix A of the Agreement, hereby request the Director to disburse financial assistance moneys made available to Project in Appendix B of the Agreement (inclusive of any amendment thereto) to the payee as identified below in the amount so indicated which amount equals the product of the Disbursement Ratio and the dollar value of the attached cost documentation which was properly billed to the Recipient in exclusive connection with the performance of the Project. The undersigned further certify that:

- 1) Each item of Project cost documentation attached hereto is properly payable by the OSGCIP in accordance with the terms and conditions of the Agreement, and none of the items for which payment is requested has formed the basis of any payment heretofore made from the OSGCIP;
- 2) Each item for which payment is requested is or was necessary in connection with the performance of the Project;
- 3) In the event that any of the money disbursed to the Recipient pursuant to this request is to be used to pay Project costs based on an invoice submitted by a contractor of which the Recipient's share is yet to be paid, the Recipient shall expend such money to pay such contractor for the Project costs as soon as possible;
- 4) This statement and attachments hereto shall be conclusive as evidence of the facts and statements set forth herein and shall constitute full warrant, protection, and authority to the Director for any actions taken pursuant hereto; and
- 5) This document evidences the approval of the undersigned Chief Executive Officer and Chief Fiscal Officer of each payment hereby requested and authorized.

IN WITNESS WHEREOF, the undersigned have executed this Disbursement Request Form and Certification as of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
April Grube, Fiscal Officer

\_\_\_\_\_  
Franklin Christman, Village Administrator

CFO Phone: \_\_\_\_\_

Subdivision Name: Village of Ashville  
Project Name: State Route 316 Improvements  
OSGCIP Control No.: CT46W/CQ49W

Disbursement Request # \_\_\_\_\_ /Circle if Final

**CONTRACTOR/VENDOR PAYEE IDENTIFICATION:**

Set forth the appropriate portion(s) of this Disbursement Request amount (all or part of the amount from H (3)) that is to be paid to each of the contractors/vendors (or Subdivision) identified below, and as are supported through accompanying copies of invoices or other evidence of expense. All information must be provided.

1) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY the OPWC ..... \$ \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

2) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY the OPWC ..... \$ \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

3) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY the OPWC ..... \$ \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

4) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY the OPWC ..... \$ \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

5) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY the OPWC ..... \$ \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

OSGCIP Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_